

**2000 Massachusetts
Behavioral Risk Factor Surveillance System
Combined Questionnaire
December 22, 1999**

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Section 1: Health Status

This call may be monitored for quality assurance purposes.

- 1.1. Would you say that in general your health is: (66)
- Please Read**
- | | |
|---------------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |
| Don't know/Not Sure | 7 |
| Refused | 9 |
- not
d these
ponses**
- 1.2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (67-68)
- | | |
|---------------------|-----|
| a. Number of days | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
- 1.3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (69-70)
- | | |
|--|-----|
| a. Number of days | -- |
| b. None If Q1.2 also "None," go to Q2.1 | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |
- 1.4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (71-72)
- | | |
|---------------------|-----|
| a. Number of days | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Section 2: Health Care Access

2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (73)

- a. Yes 1
- b. No **Go to Q2.3a** 2
- Don't know/Not sure **Go to Q2.6** 7
- Refused **Go to Q2.6** 9

2.2. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (74)

- a. Yes **Go to Q2.6** 1
- b. No 2
- Don't know/not sure 7
- Refused 9

2.3. What type of health care coverage do you use to pay for most of your medical care?(75-76)

Is it coverage through: Coverage Code — —

Please Read

- a. Your employer **Go to Q2.4** 0 1
- b. Someone else's employer **Go to Q2.4** 0 2
- c. A plan that you or someone else buys on your own **Go to Q2.4** 0 3
- d. Medicare **Go to Q2.6** 0 4
- e. Medicaid or Masshealth 0 5
- f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA] **Go to Q2.4** 0 6
- g. The Indian Health Service [or the Alaska Native Health Service] **Go to Q2.4** 0 7
- or
- h. Some other source **Go to Q2.4** 0 8

Do not read these responses None **Go to Q2.5** 8 8
 Don't know/Not sure **Go to Q2.4** 7 7
 Refused **Go to Q2.4 (p. 8)** 9 9

2.3a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: (77-78)

Coverage through:	Coverage Code	— —
Please Read		
re than isk ch type u use to or most ir al care?"	a. Your employer	0 1
	b. Someone else's employer	0 2
	c. A plan that you or someone else buys on your own	0 3
	d. Medicare Go to Q2.6	0 4
	e. Medicaid or Masshealth	0 5
	f. The military, CHAMPUS, TriCare, or the VA [or CHAMP-VA]	0 6
	g. The Indian Health Service [or the Alaska Native Health Service] or	0 7
	h. Some other source	0 8
it hese nses	None Go to Q2.5	8 8
	Don't know/Not sure Go to Q2.6	7 7
	Refused Go to Q2.6	9 9

2.4. During the past 12 months, was there any time that you did not have any health insurance or coverage? (79)

- | | |
|---------------------------------------|---|
| a. Yes Go to Q2.6 | 1 |
| b. No Go to Q2.6 | 2 |
| Don't know/Not sure Go to Q2.6 | 7 |
| Refused Go to Q2.6 | 9 |

2.5. About how long has it been since you had health care coverage? (80)

- | | |
|---|---|
| Read Only if Necessary | |
| a. Within the past 6 months (1 to 6 months ago) | 1 |
| b. Within the past year (6 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |

- | | |
|---|---|
| d. Within the past 5 years (2 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |
- 2.6. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (81)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |
- 2.7. About how long has it been since you last visited a doctor for a routine checkup? (82)

Read Only if Necessary

- | | | |
|---|---|---|
| A routine
checkup is a
general phys-
ical exam, not
an exam for
a specific
injury, ill-
ness, or con-
dition | a. Within the past year (1 to 12 months ago) | 1 |
| | b. Within the past 2 years (1 to 2 years ago) | 2 |
| | c. Within the past 5 years (2 to 5 years ago) | 3 |
| | d. 5 or more years ago | 4 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

Section 3: Asthma

- 3.1 Did a doctor ever tell you that you had asthma? (83)
- | | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q4.1 | 2 |
| Don't know/Not sure Go to Q4.1 | 7 |
| Refused Go to Q4.1 | 9 |
- 3.2 Do you still have asthma? (84)
- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 4: Diabetes

4.1. Have you ever been told by a doctor that you have diabetes? (85)

Yes" and
ale, ask
as this
y when
. were
gnant?"

- | | |
|---|---|
| a. Yes | 1 |
| b. Yes, but female told only during pregnancy go to Q5.1 | 2 |
| c. No go to Q5.1 | 3 |
| Don't know/Not sure go to Q5.1 | 7 |
| Refused go to Q5.1 | 9 |

Module 1: Diabetes

MOD1.1. How old were you when you were told you have diabetes? (202-203)

- | | |
|--|-----|
| Code age in years [97 = 97 and older] | -- |
| Don't know/Not sure | 9 8 |
| Refused | 9 9 |

MOD1.2. Are you now taking insulin? (204)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/not sure | 7 |
| Refused | 9 |

MOD1.3. Are you now taking diabetes pills? (205)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD1.4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (206-207)

a. Times per day	1	--
b. Times per week	2	--
c. Times per month	3	--
d. Times per year	4	--
e. Never	8	8 8
Don't know/Not sure	7	7 7
Refused	9	9 9

MOD1.5 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional. (209-211)

a. Times per day	1	--
b. Times per week	2	--
c. Times per month	3	--
d. Times per year	4	--
e. Never	8	8 8
No Feet	5	5 5
Don't know/Not sure	7	7 7
Refused	9	9 9

MOD1.6. Have you had any sores or irritations on your feet that took more than four weeks to heal? (212)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MOD1.7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? (213-214)

a. Number of times	--
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD1.8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"? (215-216)

a. Number of times [76 = 76 or more]	--
b. None	8 8
c. Never heard of hemoglobin "A one C" test	9 8
Don't know/Not sure	7 7
Refused	9 9

If MOD1.5 = 555, then go to MOD 1.10; ELSE GO TO MOD1.9

MOD1.9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? (217-218)

- | | |
|---------------------|-----|
| a. Number of times | -- |
| b. None | 8 8 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

State-Added Diabetes

MA4.1 When was the last time you had an exam in which your feet were examined for numbness or loss of feeling? This would have involved a doctor or other health professional using a metal or plastic instrument on your foot. (401)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past year (1 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago | 4 |
| e. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD1.10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. (219)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past month (0 to 1 month ago) | 1 |
| b. Within the past year (1 to 12 months ago) | 2 |
| c. Within the past 2 years (1 to 2 years ago) | 3 |
| d. 2 or more years ago | 4 |
| e. Never | 8 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD1.11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy? (220)

- | | |
|--------|---|
| a. Yes | 1 |
| b. No | 2 |

Don't know/Not sure	7
Refused	9

MOD1.12. Have you ever taken a course or class in how to manage your diabetes yourself? (221)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA4.2 Besides a course or class, have you received education from any of the following on how to care for your diabetes--

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. a nurse or nurse practitioner?	1	2	7	9 (504)
b. a nutritionist or dietitian	1	2	7	9 (505)
c. a doctor?	1	2	7	9 (506)
or				
d. someone else {specify:_____}	1	2	7	9 (507)

Section 5: Care Giving

5.1. There are situations where people provide regular care or assistance to a family member or friend who is elderly or has a long-term illness or disability. During the past month, did you provide any such care or assistance to a family member or friend who is 60 years of age or older? (86)

a. Yes	1
b. No	2
Don't Know/Not Sure	7
Refused	9

5.2. Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves? (87-88)

Read Only if Necessary

a. Relative or friend	0 1
b. Would provide care myself	0 2
c. Nursing home	0 3
d. Home health service	0 4
e. Personal physician	0 5
f. Area Agency on Aging	0 6
g. Hospice	0 7
h. Hospital nurse	0 8
i. Minister/priest/rabbi	0 9

j. Other	1 0
i. Don't know who to call	1 1
Refused	9 9

Section 6: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

6.1. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (89)

a. Yes	1
b. No Go to Q7.1	2
Don't know/Not sure Go to Q7.1	7
Refused Go to Q7.1	9

6.2. What type of physical activity or exercise did you spend the most time doing during the past month? (90-91)

Activity [specify]: _____	--
See coding list A	
Refused Go to Q6.6	9 9

IF Q6.2 is running, jogging, walking, or swimming, then go to Q6.3. Else go to Q6.4.

6.3. How far did you usually walk/run/jog/swim? (92-94)

See coding list B if response is not in miles and tenths	Miles and tenths	-- --
	Don't know/Not sure	7 7 7
	Refused	9 9 9

6.4. How many times per week or per month did you take part in this activity during the past month? (95-97)

a. Times per week	1 _ _ _ _
b. Times per month	2 _ _ _ _

	Don't know/Not sure	7 7 7
	Refused	9 9 9
6.5.	And when you took part in this activity, for how many minutes or hours did you usually keep at it?	(98-100)
	Hours and minutes	--:--
	Don't know/Not sure	7 7 7
	Refused	9 9 9
6.6.	Was there another physical activity or exercise that you participated in during the last month?	(101)
	a. Yes	1
	b. No Go to Q7.1	2
	Don't know/Not sure Go to Q7.1	7
	Refused Go to Q7.1	9
6.7.	What other type of physical activity gave you the next most exercise during the past month?	(102-103)
	Activity [specify]: _____	--
	See coding list A	
	Refused Go to Q7.1	9 9
IF Q6.7 is running, jogging, walking, or swimming, then go to Q6.8. Else go to Q6.9.		
6.8.	How far did you usually walk/run/jog/swim?	(104-106)
See coding list B if response is not in miles and tenths	Miles and tenths	--.-
	Don't know/Not sure	7 7 7
	Refused	9 9 9
6.9.	How many times per week or per month did you take part in this activity?	(107-109)
	a. Times per week	1 _ _ _ _

b. Times per month	2 _ _ _ _
Don't know/Not sure	7 7 7
Refused	9 9 9

6.10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (110-112)

Hours and minutes	_ : _ _
Don't know/Not sure	7 7 7
Refused	9 9 9

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life? (113)

packs 100 cigarettes	a. Yes	1
	b. No Go to MA7.24	2
	Don't know/Not sure Go to MA7.24	7
	Refused Go to MA7.24	9

State-Added Tobacco Use

MA7.1 About how old were you when you smoked your first whole cigarette? (508-509)

Age (years)	—
7 or younger	07
76 or older	76
Don't know/Not sure	77
Refused	99

MA7.2 About how old were you when you first started smoking fairly regularly? (AT LEAST 1-2 TIMES PER WEEK) (510-511)

Age (years)	—
10 or younger	10
76 or older	76
Never Smoked Regularly	88
Don't know/Not sure	77
Refused	99

7.2.	Do you now smoke cigarettes everyday, some days, or not at all?	(114)
	a. Everyday	1
	b. Some days Go to MA7.3	2
	c. Not at all Go to Q7.5	3
	Refused Go to MA7.24	9
7.3.	On the average, about how many cigarettes a day do you now smoke?	(115-116)
1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more] Go to MA7.4	— —
	Don't know/Not sure Go to MA7.4	7 7
	Refused Go to MA7.4	9 9
MA7.3	On how many of the past 30 days did you smoke cigarettes?	(512-513)
	Number of Days	— —
	None	88
	Don't know/Not sure	77
	Refused	99
If MA7.3=88 Autocode 7.3a=99, Go to MA7.4		
7.3a.	On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?	(117-118)
1 pack = 20 cigarettes	Number of cigarettes [76 = 76 or more]	— —
	Don't know/Not sure	7 7
	Refused	9 9
MA7.4	How soon after you awake in the morning do you usually smoke your first cigarette?	(514-517)
	Hours and minutes:	— —
	Immediately	0000
	Don't know/Not sure	2357
	Refused	2359
Go to MA7.6		
7.5.	About how long has it been since you last smoked cigarettes regularly, that is, daily?	(120-121)

Time code	— —
Read Only if Necessary	
a. Within the past month (0 to 1 month ago) Go to MA7.6	0 1
b. Within the past 3 months (1 to 3 months ago) Go to MA7.6	0 2
c. Within the past 6 months (3 to 6 months ago) Go to MA7.6	0 3
d. Within the past year (6 to 12 months ago) Go to MA7.6	0 4
e. Within the past 5 years (1 to 5 years ago)	0 5
f. Within the past 15 years (5 to 15 years ago) Go to MA7.24	0 6
g. 15 or more years ago Go to MA7.24	0 7
Don't know/Not sure Go to MA7.24	7 7
Never smoked regularly Go to MA7.24	8 8
Refused Go to MA7.24	9 9

MA7.5 Was this within the past three years? (518)

a. Within the past three years GO TO MA7.15	1
b. More than three years GO TO MA7.24	2
Don't know/Not sure GO TO MA7.24	7
Refused GO TO MA7.24	9

MA7.6 **{IF Q7.2 = 1,2}**: What brand do you usually smoke?

{IF Q7.2 = 3}: Just before you quit smoking, what brand did you usually smoke? (519-520)

BASIC	06	MONTCLAIR	56
BENSON & HEDGES	08	NEWPORT	62
CAMBRIDGE	16	NOW	64
CAMEL	18	PALL MALL	66
CARLTON	20	PARLIAMENT	68
GPC	32	SALEM	84
KENT	36	STERLING	85
KOOL	38	TRUE	88
LUCKY STRIKE	46	VICEROY	90
MARLBORO	48	VIRGINIA SLIMS	92
MERIT	50	WINSTON	94
MISTY	52	ALL DIFF TYPE	95
MONARCH	54	GENERIC IN GEN.	96
		OTHER	97
		DON'T KNOW	77
		REFUSED	99

MA7.7 Are the words "light" or "ultra-light" on the package of the brand
you usually... **{IF Q7.2 = 1,2}**: smoke? **{IF Q7.2 = 3}**: smoked? (521)

Probe for which	a. Light	1
	b. Ultra-light	2
	c. Yes, but can't remember which	3
	d. No	4
	Don't know	7
	Refused	9

MA7.8 {**IF Q7.2 = 1,2**}: Do... {**IF Q7.2 = 3**}: Did... you usually smoke menthol cigarettes?(522)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

IF Q7.2=1, GO TO Q7.4; else IF Q7.2=2, GO TO MA7.9; else IF Q7.5=1-4, GO TO MA7.12

7.4. During the past 12 months, have you quit smoking for 1 day or longer? (119)

a. Yes Go to MA7.10	1
b. No Go to MA7.10	2
Don't know/Not sure Go to MA7.10	7
Refused Go to MA7.10	9

MA7.9 During the past 12 months, have you intentionally quit smoking for 1 day or longer?(523)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA7.10 Are you planning to quit smoking in the next 30 days? (524)

a. Yes GO TO MA7.12	1
b. No	2
Don't know/Not sure	7
Refused	9

MA7.11 Are you thinking about quitting smoking in the next 6 months? (525)

a. Yes	1
b. No	2
Don't know/Not sure	7

Refused 9

MA7.12 (CURRENT SMOKERS AND RECENT QUITTERS) In the past 12 months, did a medical doctor or assistant advise you to stop smoking? (526)

a. Yes 1
 b. No 2
 Don't know/Not sure 7
 Refused 9

MA7.13 In the past 12 months, have you heard, read, or seen any information about quitting smoking? (527)

a. Yes 1
 b. No **Go to MA7.15** 2
 Don't know/Not sure **Go to MA7.15** 7
 Refused **Go to MA7.15** 9

MA7.14 I'm going to read you a list of places where you may have gotten this quit-smoking information. Did you get any of this information --

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. from television?	1	2	7	9 (528)
b. from the radio?	1	2	7	9 (529)
c. from a billboard?	1	2	7	9 (530)
d. from a doctor?	1	2	7	9 (531)
e. from a dentist?	1	2	7	9 (532)
f. from another health care professional?	1	2	7	9 (533)
g. at work?	1	2	7	9 (534)
h. from family or a friend?	1	2	7	9 (535)
i. from a newspaper or magazine?	1	2	7	9 (536)
j. from a brochure or other printed material?	1	2	7	9 (537)
k. by calling the Smokers Telephone Quit-Line?	1	2	7	9 (538)
l. from the Internet?	1	2	7	9 (539)

MA7.15 (CURRENT SMOKERS AND 3-YEAR QUITTERS) Have you ever used stop-smoking products such as nicotine gum, patches, or inhalers, or pills such as Zyban or Wellbutrin? (540)

a. Yes 1
 b. No **GO TO MA7.24** 2
 Don't know/Not sure **GO TO MA7.24** 7
 Refused **GO TO MA7.24** 9

MA7.16 Thinking back to the last time you used these products, which of the following stop-smoking

products did you use? I am going to read you a list, since some people use more than one at the same time. Please tell me which product or products you used the last time. (IF MORE THAN ONE MENTIONED, CODE FIRST TWO THAT ARE MENTIONED.) (541-542)

- | | |
|-----------------------------------|---|
| a. Gum | 1 |
| b. Patch | 2 |
| c. Inhaler | 3 |
| d. Pill (i.e., Zyban, Wellbutrin) | 4 |
| e. Other (specify_____) | 5 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

MA7.17 Again thinking about your most recent use, which of the following best describes the main reason you used this (these) product(s)? (543)

PLEASE READ THE FIRST 4 RESPONSES:

- | | |
|--|---|
| a. As a substitute in places where I can't smoke | 1 |
| b. To try to quit smoking | 2 |
| c. To cut down on the amount I smoke | 3 |
| d. Or is there some other reason (specify)_____ | 4 |
| Don't know/Not Sure | 7 |
| Refused | 9 |

MA7.18 About how long did you use this (these) product(s)? (544-546)

- | | |
|------------|-------|
| a. Days | 1 __ |
| b. Weeks | 2 __ |
| c. Months | 3 __ |
| Don't know | 7 7 7 |
| Refused | 9 9 9 |

MA7.19 Did you buy this (these) product(s) over-the-counter (that is, directly from the store without a prescription) or did you have a prescription? (547)

- | | |
|------------------------------|---|
| a. OTC | 1 |
| b. Prescription | 2 |
| c. Both OTC and prescription | 3 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

MA7.20 Did you pay for this (these) product(s) completely on your own, or did an insurance plan or other medical assistance cover at least part of the cost? (548)

- | | |
|---------------------|---|
| a. Self | 1 |
| b. Insurance | 2 |
| Don't Know/Not Sure | 7 |
| Refused | 9 |

MA7.21 Did you smoke any cigarettes or use any other tobacco products on the same day that you used this (these) stop-smoking product(s)? (549)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

IF Q7.2=3, GO TO MA7.22; IF Q7.2=1,2, GO TO MA7.23

MA7.22 (FORMER SMOKERS) You earlier said that you have not smoked ____ (**FILL IN RESPONSE CATEGORY from Q7.5 = 1-4 or MA7.5 = 1**). Did you use any of these stop-smoking products for the quit attempt when you actually stopped smoking? (550)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Go to MA7.24

MA7.23 (CURRENT SMOKERS) Overall, how satisfied were you with this (these) stop-smoking product(s)? Would you say you were.. (551)

PLEASE READ

- | | |
|-------------------------|---|
| a. Not at all satisfied | 1 |
| b. Somewhat satisfied | 2 |
| c. Satisfied | 3 |
| d. Very satisfied | 4 |
| Don't know | 7 |
| Refused | 9 |

MA7.24 (ASK ALL:) Is there anyone else living in your household who smokes cigarettes? (552)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA7.25 Which statement best describes the rules about smoking in your home ... (553)

PLEASE READ

- | | | |
|----|--|---|
| a. | no one is allowed to smoke anywhere | 1 |
| b. | smoking is allowed in some places or at some times | 2 |
| | or | |
| c. | smoking is permitted anywhere | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

MA7.26 Have you ever smoked a cigar, even just a few puffs? (554)

- | | | |
|--|---|---|
| cigar =
large cigar
cigarillo,
or small cigar | a. Yes | 1 |
| | b. No Go to SECTION 8: FRUITS AND VEGETABLES | 2 |
| | Don't know/Not sure Go to SECTION 8: FRUITS AND VEGETABLES | 7 |
| | Refused Go to SECTION 8: FRUITS AND VEGETABLES | 9 |

MA7.27 When was the last time you smoked a cigar? (555-556)

Read Only if Necessary

- | | | |
|----|---|-----|
| a. | Within the past month (0 to 1 month ago) | 0 1 |
| b. | Within the past 3 months (1 to 3 months ago)
Go to SECTION 8: FRUITS AND VEGETABLES | 0 2 |
| c. | Within the past 6 months (3 to 6 months ago)
Go to SECTION 8: FRUITS AND VEGETABLES | 0 3 |
| d. | Within the past year (6 to 12 months ago)
Go to SECTION 8: FRUITS AND VEGETABLES | 0 4 |
| e. | Within the past 5 years (1-5 years ago)
Go to SECTION 8: FRUITS AND VEGETABLES | 0 5 |
| f. | Within the past 15 years (5-15 years ago)
Go to SECTION 8: FRUITS AND VEGETABLES | 0 6 |
| g. | 15 or more years ago
Go to SECTION 8: FRUITS AND VEGETABLES | 0 7 |
| | Don't know/not sure
Go to SECTION 8: FRUITS AND VEGETABLES | 7 7 |
| | Refused
Go to SECTION 8: FRUITS AND VEGETABLES | 9 9 |

MA7.28 In the past month, did you smoke cigars: **PLEASE READ** (557)

	a. Everyday	1
	b. Several times per week	2
	c. Once per week	3
	d. Less than once per week	4
Do not	Don't know/Not sure	7
read these	Refused	9
responses		

Section 8: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

8.1.	How often do you drink fruit juices such as orange, grapefruit, or tomato?	(122-124)
	a. Per day	1__ __ __
	b. Per week	2__ __ __
	c. Per month	3__ __ __
	d. Per year	4__ __ __
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9
8.2.	Not counting juice, how often do you eat fruit?	(125-127)
	a. Per day	1__ __ __
	b. Per week	2__ __ __
	c. Per month	3__ __ __
	d. Per year	4__ __ __
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9
8.3.	How often do you eat green salad?	(128-130)
	a. Per day	1__ __ __
	b. Per week	2__ __ __
	c. Per month	3__ __ __
	d. Per year	4__ __ __
	e. Never	5 5 5
	Don't know/Not sure	7 7 7
	Refused	9 9 9

- 8.4. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (131-133)
- | | |
|---------------------|-----------|
| a. Per day | 1__ __ __ |
| b. Per week | 2__ __ __ |
| c. Per month | 3__ __ __ |
| d. Per year | 4__ __ __ |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

- 8.5. How often do you eat carrots? (134-136)
- | | |
|---------------------|-----------|
| a. Per day | 1__ __ __ |
| b. Per week | 2__ __ __ |
| c. Per month | 3__ __ __ |
| d. Per year | 4__ __ __ |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

- 8.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (137-139)

- Example:**
- A serving of vegetables at both lunch and dinner would be two servings**
- | | |
|---------------------|-----------|
| a. Per day | 1__ __ __ |
| b. Per week | 2__ __ |
| c. Per month | 3__ __ |
| d. Per year | 4__ __ |
| e. Never | 5 5 5 |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

Section 9: Weight Control

- 9.1. Are you now trying to lose weight? (140)
- | | |
|----------------------------|---|
| a. Yes Go to Q. 9.3 | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

- 9.2. Are you now trying to maintain your current weight, that is to keep from gaining weight? (141)

- | | |
|--------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q. 9.5 | 2 |
| Don't know/Not sure Go to 9.5 | 7 |
| Refused Go to Q. 9.5 | 9 |

9.3. Are you eating either fewer calories or less fat to...
lose weight? [if "Yes" on Q. 9.1]
keep from gaining weight? [if "Yes" on Q. 9.2] (142)

- | | | |
|---------------------------------------|-------------------------------------|---|
| obe
r
nich | a. Yes, fewer calories | 1 |
| | b. Yes, less fat | 2 |
| | c. Yes, fewer calories and less fat | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| Refused | 9 | |

9.4. Are you using physical activity or exercise to...
lose weight? [if "Yes" on Q. 9.1]
keep from gaining weight? [if "Yes" on Q. 9.2] (143)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

9.5. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (144)

- | | | |
|--|---------------------------------|---|
| Probe
for
which | a. Yes, lose weight | 1 |
| | b. Yes, gain weight | 2 |
| | c. Yes, maintain current weight | 3 |
| | d. No | 4 |
| | Don't know/Not sure | 7 |
| Refused | 9 | |

Section 10: Demographics

10.1. What is your age? (145-146)

Code age in years --

Don't know/Not sure	0 7
Refused	0 9

10.2. What is your race? (147)

Would you say: **Please Read**

a. White	1
b. Black	2
c. Asian, Pacific Islander	3
d. American Indian, Alaska Native	4
or	
e. Other: [specify]_____	5

**Do not
read these
responses**

Don't know/Not sure	7
Refused	9

10.3. Are you of Spanish or Hispanic origin? (148)

a. Yes	1
b. No	2

Don't know/Not sure	7
Refused	9

10.4. Are you: (149)

Please Read

a. Married	1
b. Divorced	2
c. Widowed	3
d. Separated	4
e. Never been married	5
or	
f. A member of an unmarried couple	6
Refused	9

10.5. How many children live in your household who are...

Please Read

le 1-9	a. less than 5 years old?	_ (150)
7 or more		
None	b. 5 through 12 years old?	_ (151)
Refused		
	c. 13 through 17 years old?	_ (152)

State-Added Household Roster

MA10.1 Going from youngest to oldest, what are the ages of each person currently living in your household? (558-635)

Code ages

97 = 97 and older a. Person #1 --

98 = DK/NS

99 = Refused

b. Person #2 --

[Etc.]

10.6. What is the highest grade or year of school you completed? (153)

Read Only if Necessary

- | | |
|---|---|
| a. Never attended school or only attended kindergarten | 1 |
| b. Grades 1 through 8 (Elementary) | 2 |
| c. Grades 9 through 11 (Some high school) | 3 |
| d. Grade 12 or GED (High school graduate) | 4 |
| e. College 1 year to 3 years (Some college or technical school) | 5 |
| f. College 4 years or more (College graduate) | 6 |
| Refused | |

10.7. Are you currently: (154)

Please Read

- | | |
|-------------------------------------|---|
| a. Employed for wages | 1 |
| b. Self-employed | 2 |
| c. Out of work for more than 1 year | 3 |
| d. Out of work for less than 1 year | 4 |
| e. Homemaker | 5 |
| f. Student | 6 |
| g. Retired | 7 |
| or | |
| h. Unable to work | 8 |

Refused 9

10.8. Is your annual household income from all sources: (155-156)

Read as Appropriate

If res- pondent refuses at any income level, code refused	a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000)	0 4
	b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000)	0 3
	c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000)	0 2
	d. Less than \$10,000 If "no," code c	0 1
	e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000)	0 5
	f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000)	0 6
	g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000)	0 7
	h. \$75,000 or more	0 8
Do not read these responses	Don't know/Not sure	7 7
	Refused	9 9

10.9. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? (157)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q10.12 | 2 |
| Don't know/Not sure Go to Q10.12 | 7 |
| Refused Go to Q10.12 | 9 |

10.10. Which of the following best describes your current military status? (158)

Are you: **Please Read**

- | | |
|---|---|
| a. Currently on active duty Go to Q10.12 | 1 |
| b. Currently in reserves Go to Q10.12 | 2 |

	c. No longer in military service	3
not	Don't know/Not sure Go to Q10.12	7
d these		
ponses	Refused Go to Q10.12	9
	10.11. In the last 12 months have you received some or all of your health care from VA facilities?	(159)
be for	a. Yes, all of my health care	1
ch	b. Yes, some of my health care	2
	c. No, no VA health care received	3
	Don't know/not sure	7
	Refused	9
	10.12. About how much do you weigh without shoes?	(160-162)
nd	Weight	---
itions		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
	10.13. How much would you like to weigh?	(163-165)
	Weight	---
		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9

State-Added Weight

If respondent is between 18 and 29 years old Go to Q10.14, Else continue

	MA10.2. About how much did you weigh 10 years ago?	(636-638)
	Weight	---
		pounds
	Don't know/Not sure	7 7 7
	Refused	9 9 9
	10.14. About how tall are you without shoes?	(166-168)

Round fractions down

Height

 / -
ft/inches

Don't know/Not sure
Refused

7 7 7
9 9 9

State-Added Town

MA10.3. What city or town do you live in? (639-641)

AMHERST	008	FITCHBURG	097	MILTON	189	SOMERSET	273
ARLINGTON	010	FRAMINGHAM	100	NATICK	198	SOMERVILLE	274
ATTLEBORO	016	FRANKLIN	101	NEEDHAM	199	SOUTHBRIDGE	278
BELMONT	026	GARDNER	103	NEW BEDFORD	201	SPRINGFIELD	281
BEVERLY....	030	GLOUCESTER	107	NEWBURYPORT	206	STONEHAM	284
BOSTON.....	035	HAVERTHILL	128	NEWTON	207	STOUGHTON	285
BRAINTREE	040	HOLYOKE	137	N. ADAMS	209	TAUNTON	293
BROCKTON	044	LAWRENCE	149	NORTHAMPTON	214	WAKEFIELD	305
BROOKLINE	046	LEOMINSTER	153	N. ANDOVER	210	WALTHAM	308
BURLINGTON	048	LEXINGTON	155	N. ATTLEBORO	211	WATERTOWN	314
CAMBRIDGE	049	LONGMEADOW	159	NORWOOD	220	WELLESLEY	317
CANTON	050	LOWELL	160	PEABODY	229	W. SPRINGFIELD	325
CHELMSFORD	056	LUDLOW	161	PITTSFIELD	236	WESTFIELD	329
CHELSEA	057	LYNN	163	QUINCY	243	WEYMOUTH	336
CHICOPEE	061	MALDEN	165	RANDOLPH	244	WILMINGTON	342
DANVERS	071	MARBLEHEAD	168	READING	246	WINCHESTER	344
DEDHAM	073	MARLBOROUGH	170	REVERE	248	WINTHROP	346
EASTHAMPTON	087	MEDFORD	176	ROCKLAND	251	WOBURN	347
EVERETT	093	MELROSE	178	SALEM	258	WORCESTER	348
FAIRHAVEN	094	METHUEN	181	SAUGUS	262	OTHER: (SPEC	
FALL RIVER	095	MILFORD	185	SHREWSBURY	271	BELOW)	888
						DK	777
						REF	999

ALLSTON, BRIGHTON, BACK BAY, BEACON HILL, CHARLESTOWN, DORCHESTER, E. BOSTON, FENWAY, HYDE PARK, JAMAICA PLAIN, MATTAPAN, ROSLINDALE, ROXBURY, MISSION HILL, S. BOSTON, W. ROXBURY=BOSTON)

State-Added Zip Code

MA10.3a What is your zip code? (642-646)

Zip code 0 _ _ _ _ _
Don't know/not sure 77777
Refused 99999

IF (STRATUM = 01 AND MA10.3 NE 46, 49, 57, 93, 189, 207, 274, 346) OR MA10.3 = 35

MA10.4 What neighborhood in Boston do you live in? (647-648)

a. Allston, Brighton	01
b. Back Bay, Beacon Hill	02
c. Charlestown	03
d. Chinatown	04
e. Dorchester	05
f. Downtown	06
g. East Boston	08
h. Fenway	10
I. Hyde Park	11
j. Jamaica Plain	12
k. Mattapan	13
l. Mission Hill	14
m. North End	15
n. Roslindale	16
o. Roxbury	17
p. South Boston	18
q. South End	19
r. West End	20
s. West Roxbury	21
t. Other (Specify_____)	22
Don't live in Boston	88
Don't know/not sure	77
Refused	99

10.16. Do you have more than one telephone number in your household? (172)

a. Yes	1
b. No Go to Q10.18	2
Refused Go to Q10.18	9

10.17. How many residential telephone numbers do you have? (173)

Include dedicated fax computers	Total telephone numbers [8 = 8 or more]	-
	Refused	9

10.18. Indicate sex of respondent. **Ask Only if Necessary** (174)

Male	1
Female	2

if Q10.18 = 1 then skip to HIV/AIDS Section; ELSE IF Q10.18 = 2 then go to Women's Health Section

Section 11: Women's Health

- 11.1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (175)
- a. Yes 1
 - b. No **Go to Q11.4** 2
 - Don't know/Not sure **Go to Q11.4** 7
 - Refused **Go to Q11.4** 9
- 11.2. How long has it been since you had your last mammogram? (176)
- Read only if Necessary**
- a. Within the past year (1 to 12 months ago) 1
 - b. Within the past 2 years (1 to 2 years ago) 2
 - c. Within the past 3 years (2 to 3 years ago) 3
 - d. Within the past 5 years (3 to 5 years ago) 4
 - e. 5 or more years ago 5
 - Don't know/Not sure 7
 - Refused 9
- 11.3. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (177)
- a. Routine checkup 1
 - b. Breast problem other than cancer 2
 - c. Had breast cancer 3
 - Don't know/Not sure 7
 - Refused 9
- 11.4. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (178)
- a. Yes 1
 - b. No **Go to Q11.7** 2
 - Don't know/Not sure **Go to Q11.7** 7
 - Refused **Go to Q11.7** 9

11.5. How long has it been since your last breast exam? (179)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.6. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (180)

- | | |
|-------------------------------------|---|
| a. Routine Checkup | 1 |
| b. Breast problem other than cancer | 2 |
| c. Had breast cancer | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.7. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (181)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Q11.10 | 2 |
| Don't know/Not sure Go to Q11.10 | 7 |
| Refused Go to Q11.10 | 9 |

11.8. How long has it been since you had your last Pap smear? (182)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

11.9. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (183)

- a. Routine exam 1
- b. Check current or previous problem 2
- Other 3
- Don't know/Not sure 7
- Refused 9

11.10. Have you had a hysterectomy? (184)

- a. Yes **Go to Section 12: HIV/AIDS** 1
 - b. No 2
 - Don't know/Not sure 7
 - Refused 9
- A hysterectomy is an operation to remove the uterus (womb)**

If respondent 45 years old or older, go to Section 12: HIV/AIDS

11.11 To your knowledge, are you now pregnant? (185)

- a. Yes 1
- b. No 2
- Don't know/Not sure 7
- Refused 9

Section 12: HIV/AIDS

If respondent is 65 years old or older, go to Transition to Modules

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

12.1. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (186-187)

- Code 01 through 12** a. Grade --

	b. Kindergarten	5 5
	c. Never	8 8
	Don't know/Not sure	7 7
	Refused	9 9
12.2.	If you had a teenager who was sexually active, would you encourage him or her to use a condom?	(188)
	a. Yes	1
	b. No	2
	Would give other advice	3
	Don't know/Not sure	7
	Refused	9
12.3.	What are your chances of getting infected with HIV, the virus that causes AIDS?	(189)
	Would you say: Please Read	
	a. High	1
	b. Medium	2
	c. Low	3
	or	
	d. None	4
not	Not applicable Go to Q12.7a	5
d these	Don't know/Not sure	7
ponses	Refused	9
12.4.	Have you donated blood since March 1985?	(190)
	a. Yes	1
	b. No Go to Q12.6a	2
	Don't know/Not sure Go to Q12.6a	7
	Refused Go to Q12.6a	9
12.5.	Have you donated blood in the past 12 months?	(191)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

	12.6.	Except for tests you may have had as part of blood donations, have you ever been tested for HIV?	(192)
Include saliva tests	a.	Yes Go to Q12.7	1
	b.	No Go to Transition to Modules	2
		Don't know/Not sure Go to Transition to Modules	7
		Refused Go to Transition to Modules	9
	12.6a.	Have you ever been tested for HIV?	(193)
Include saliva tests	a.	Yes Go to Q12.7a	1
	b.	No Go to Transition to Modules	2
		Don't know/Not sure Go to Transition to Modules	7
		Refused Go to Transition to Modules	9
	12.7.	Not including your blood donations, have you been tested for HIV in the past 12 months?	(194)
Include saliva tests	a.	Yes Go to Q12.8	1
	b.	No Go to Transition to Modules	2
		Don't know/Not sure Go to Transition to Modules	7
		Refused Go to Transition to Modules	9
	12.7a.	Have you been tested for HIV in the past 12 months?	(195)
Include saliva tests	a.	Yes	1
	b.	No Go to Transition to Modules	2
		Don't know/Not sure Go to Transition to Modules	7
		Refused Go to Transition to Modules	9
	12.8.	What was the main reason you had your last test for HIV?	(196-197)
		Reason code	--

Read Only if Necessary

a. For hospitalization or surgical procedure	0 1
b. To apply for health insurance	0 2
c. To apply for life insurance	0 3
d. For employment	0 4
e. To apply for a marriage license	0 5
f. For military induction or military service	0 6
g. For immigration	0 7
h. Just to find out if you were infected	0 8
I. Because of referral by a doctor	0 9
j. Because of pregnancy	1 0
k. Referred by your sex partner	1 1
l. Because it was part of a blood donation process	1 2
Go to Transition to Modules	1 2
m. For routine check-up	1 3
n. Because of occupational exposure	1 4
o. Because of illness	1 5
p. Because I am at risk for HIV	1 6
q. Other	8 7
Don't know/Not sure	7 7
Refused	9 9
12.9. Where did you have your last test for HIV?	(198-199)

Facility Code _____

Read Only if Necessary

a. Private doctor, HMO	0 1
b. Blood bank, plasma center, Red Cross	0 2
c. Health department	0 3
d. AIDS clinic, counseling, testing site	0 4
e. Hospital, emergency room, outpatient clinic	0 5
f. Family planning clinic	0 6
g. Prenatal clinic, obstetrician's office	0 7
h. Tuberculosis clinic	0 8
I. STD clinic	0 9
j. Community health clinic	1 0
k. Clinic run by employer	1 1
l. Insurance company clinic	1 2
m. Other public clinic	1 3
n. Drug treatment facility	1 4
o. Military induction or military service site	1 5

p. Immigration site	1 6
q. At home, home visit by nurse or health worker	1 7
r. At home using self-sampling kit	1 8
s. In jail or prison	1 9
t. Other	8 7

Don't know/Not sure	7 7
Refused	9 9

12.10. Did you receive the results of your last test? (200)

a. Yes	1
b. No Go to Transition to Modules	2
Don't know/Not sure Go to Transition to Modules	7
Refused Go to Transition to Modules	9

12.11. Did you receive counseling or talk with a health care professional about the results of your test? (201)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Transition to Modules

Program will randomly select split, recorded in column... (400)

Section 13: State-Added: Needle Exchange/Condom Distribution

[Split 2, 3]

If Split=1, Go to Section 14: State-Added: Tobacco Policy, If Split = 2 or 3 continue

I'm going to very briefly describe two programs that have been used in a variety of places to reduce the spread of AIDS and other diseases. One program makes condoms available to high school students through the school nurse's office or the school health clinic. Another program allows people who inject drugs to exchange used, dirty needles and syringes for clean ones.

MA13.1 Concerning the program that makes condoms available to high school students through the school nurse's office or the school health clinic, would you say you-- (649)

Strongly agree with this program	1
Agree with this program	2
Disagree with this program	3
Strongly disagree with this program	4
Don't know	7

Refused	9
---------	---

MA13.2 Concerning the program that allows people who inject drugs to exchange used, dirty needles and syringes for clean ones, would you say you-- (650)

Strongly agree with this program	1
Agree with this program	2
Disagree with this program	3
Strongly disagree with this program	4
Don't know	7
Refused	9

Section 14: State-Added: Tobacco Policy

[splits 1, 2]

The next questions are about your opinions on issues related to smoking.

MA14.1 Do you believe that switching from cigarettes to cigars reduces a smoker's chance of illness? (651)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA14.2 Do you believe that smoking low tar and low nicotine cigarettes carries less risk of illness than smoking regular cigarettes? (652)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA14.3 Now I'm going to read you a list of places where smoking may or may not be allowed. For each one, please tell me if you think that smoking should be allowed there without restriction, should be permitted only in designated areas, or should not be allowed at all.

Concerning smoking in (NAME OF PLACE) -- should it be allowed without restriction, should it be permitted only in designated areas, or not be allowed at all?

[Interviewer Note: After first three, you may read "How about...?"]

Allowed without restriction = 1, Permitted in designated areas = 2, Not at all = 3, Don't know = 7, Refused = 9

a. Restaurants	1	2	3	7	9	(653)
b. Indoor work areas?	1	2	3	7	9	(654)
c. Bars and cocktail lounges?	1	2	3	7	9	(655)
d. Indoor sporting events?	1	2	3	7	9	(656)
e. Outdoor sporting events?	1	2	3	7	9	(657)
f. Indoor shopping malls?	1	2	3	7	9	(658)

MA14.4 If restaurants were completely smokefree, would you eat out more often, less often, or about the same as you do now? (659)

More often	1
Less often	2
About the same	3
Don't eat in restaurants	4
Don't know/Not sure	7
Refused	9

MA14.5 In Massachusetts, it is against the law to sell cigarettes to anyone under 18 years old. How many storekeepers do you think are careful about not selling to people under 18? Would you say... (660)

All	1
Most	2
Some	3
or	
None	4
Don't know/Not sure	7
Refused	9

Section 15: State-Added: Diabetes Information

[Splits 1, 2]

If Split=3, Go to Section 16: State-Added: Chronic Disease Checklist, If Split=1 or 2, continue

MA15.1. In the past 6 months, have you heard, read or seen any information about the importance of controlling diabetes? (661)

a. Yes	1
b. No Go to Section 16: State-Added: Chronic Disease	2
Don't know/Not sure Go to Section 16: State-Added: Chronic Disease	7
Refused Go to Section 16: State-Added: Chronic Disease	9

MA15.2. I'm going to read you a list of places where you might have gotten information about the importance of controlling diabetes. Did you get any of this information

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>	
a. from television?	1	2	7	9	(662)

b. from the radio?	1	2	7	9	(663)
c. from a billboard?	1	2	7	9	(664)
d. from a newspaper or magazine	1	2	7	9	(665)
e. from a brochure or other printed material?	1	2	7	9	(666)
f. from a doctor or other health professional?	1	2	7	9	(667)
g. From family or a friend?	1	2	7	9	(668)
h. At work?	1	2	7	9	(669)

Section 16: State-Added: Chronic Disease Checklist

[Splits 1, 2, 3]

IF age of respondent is 18-39 then Go to Section 17: MODULE 14: Arthritis; ELSE continue

MA16.1 Have you ever been told by a doctor or other health professional that you have any of the following conditions...

	yes	no	dk	ref	
a. Angina or Coronary Heart Disease?	1	2	7	9	(670)
b. Stroke	1	2	7	9	(671)
h. Emphysema or COPD?	1	2	7	9	(672)

Section 17: MODULE 14: Arthritis

[Split 3]

If Split=1, 2, Go to Section 18: State-Added: Disability, Quality of Life, Care Giving, If Split=3, continue

MOD14.1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint? (401)

a. Yes	1
b. No Go to MOD14.4	2
Don't know/Not sure Go to MOD14.4	7
Refused Go to MOD14.4	9

MOD 14.2. Were these symptoms present on most days for at least one month?

	(402)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MOD 14.3. Are you now limited in any way in any activities because of joint symptoms? (403)

a. Yes	1
b. No	2

Don't know/Not sure	7
Refused	9
 MOD 14.4. Have you ever been told by a doctor that you have arthritis?	 (404)
a. Yes	1
b. No Go to SECTION 18: DISABILITY	2
Don't know/Not sure Go to SECTION 18: DISABILITY	7
Refused Go to SECTION 18: DISABILITY	9
 MOD 14.5. What type of arthritis did the doctor say you have?	 (405-406)
Type Code	--
 Read Only if Necessary	
a. Osteoarthritis/degenerative arthritis	0 1
b. Rheumatism	0 2
c. Rheumatoid Arthritis	0 3
d. Lyme disease	0 4
e. Other [specify]_____	0 7
f. Never saw a doctor	8 8
Don't know/Not sure	7 7
Refused	9 9
 MOD 14.6. Are you currently being treated by a doctor for arthritis?	 (407)
a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 18: State-Added: Disability, Quality of Life and Care Giving
[Split=1,3]

If Split=2, Go to Section 19: State-Added: Flu/ Pnuemonia, If Split=1, 3, continue

The next two questions are about your support needs and life satisfaction.

MA18.1 How often do you get the social and emotional support you need? Would you say... (408)

PLEASE READ

a. Always	1
b. Usually	2
c. Sometimes	3
d. Rarely	4
e. Never	5
Do not Don't know / Not sure	7
read these Refused	9
responses	

MA18.2 In general, how satisfied are you with your life? Would you say: (409)

PLEASE READ

a. Very satisfied	1
b. Satisfied	2
c. Dissatisfied	3
d. Very dissatisfied	4
Do not Don't know / Not sure	7
read these Refused	9
responses	

These next questions are about limitations you may have in your daily life.

MA18.3 Are you limited in the kind or amount of work you can do because of any impairment or health problem? (410)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA18.4 Because of any impairment or health problem, do you have any trouble learning, remembering, or concentrating? (411)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

MA18.5 If you use special equipment or help from others to get around, what type do you use?

(412-417)

CODE UP TO THREE RESPONSES

a. No special equipment or help used GO TO MA18.7	01	
b. Other people	02	
c. Cane or walking stick	03	
d. Walker		04
e. Crutch or crutches	05	
f. Manual wheelchair	06	
g. Motorized wheelchair	07	
h. Electric mobility scooter	08	
i. Artificial leg		09
j. Brace	10	
k. Service animal [i.e., guide dog or other animal specifically trained to provide assistance]	11	
l. Oxygen / special breathing equipment	12	
m. Other (specify): _____	13	
Don't know / Not sure	77	
Refused		99

MA18.6 Using special equipment or help, what is the farthest distance that you can go? Would you say: (418)

PLEASE READ

a. Across a small room	1
b. About the length of a typical house	2
c. About one or two city blocks	3
d. About one mile	4
e. More than one mile	5
Don't know / Not sure	7
Refused	9

MA18.7 What is the farthest distance you can walk by yourself, without any special equipment or help from others? Would you say: (419)

PLEASE READ

a. Not any distance	1
b. Across a small room	2
c. About the length of a typical house	3
d. About one or two city blocks	4
e. About one mile	5
f. More than one mile	6
Don't know / Not sure	7

Refused

9

MOD15.1. Are you limited in any way in any activities because of any impairment or health problem? (321)

- | | |
|---|---|
| a. Yes | 1 |
| b. No If “yes” to MA18.3 or MA18.4 or “B-M” on MA18.5, continue. Otherwise, go to MA18.8 | 2 |
| Don't know/Not sure If “yes” to MA18.3 or MA18.4 or “B-M” on MA18.5, continue. Otherwise, go to MA18.8 | 7 |
| Refused If “yes” to MA18.3 or MA18.4 or “B-M” on MA18.5, continue. Otherwise, go to MA18.8 | 9 |

MOD15.2. What is the major impairment or health problem that limits your activities? (441-442)

[If respondent says, “I’m not limited,” say, “I’m referring to the impairment you indicated on an earlier question.”]

Reason Code --

Read Only if Necessary

- | | |
|--|-----|
| a. Arthritis/rheumatism | 0 1 |
| b. Back or neck problem | 0 2 |
| c. Fractures, bone/joint injury | 0 3 |
| d. Walking problem | 0 4 |
| e. Lung/breathing problem | 0 5 |
| f. Hearing problem | 0 6 |
| g. Eye/vision problem | 0 7 |
| h. Heart problem | 0 8 |
| i. Stroke problem | 0 9 |
| j. Hypertension/high blood pressure | 1 0 |
| k. Diabetes | 1 1 |
| l. Cancer | 1 2 |
| m. Depression/anxiety/emotional problem | 1 3 |
| n. Other impairment/problem [specify]_____ | 1 4 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

GO TO MOD15.3

MA18.8 A disability can be physical, mental, emotional, or communication-related. Would you describe yourself as having a disability of any kind? (420)

- | | |
|--------|---|
| a. Yes | 1 |
|--------|---|

- | | |
|--|---|
| b. No GO TO MOD15.6 | 2 |
| Don't know / Not sure GO TO MOD15.6 | 7 |
| Refused GO TO MOD15.6 | 9 |

MA18.9 What is your major disability? (421)

Specify: _____

- | | |
|-----------------------|---|
| Don't know / Not sure | 7 |
| Refused | 9 |

GO TO MA18.11

MOD 15.3. For how long have your activities been limited because of your major impairment or health problem? (443.445)

- | | |
|---------------------|-------|
| a. Days | 1 _ _ |
| b. Weeks | 2 _ _ |
| c. Months | 3 _ _ |
| d. Years | 4 _ _ |
| Don't know/Not Sure | 7 7 7 |
| Refused | 9 9 9 |

MA18.10 Would you say your limitation is: (422)

Please Read

- | | |
|--|---|
| a. mild | 1 |
| b. moderate | 2 |
| or | |
| c. severe | 3 |
| Do not read don't know/not sure | 7 |
| these responses refused | 9 |

MOD 15.4. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

(446)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD 15.5. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (447)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

GO TO MOD15.6

MA18.11 For HOW LONG have you had your main disability? (423-425)

- | | |
|------------------|-------|
| a. Days | 1 _ _ |
| b. Weeks | 2 _ _ |
| c. Months | 3 _ _ |
| d. Years | 4 _ _ |
| Don't know / Not | 7 7 7 |
| Refused | 9 9 9 |

MA18.12 Would you say your disability is: (426)

Please Read

- | | |
|--|---|
| a. mild | 1 |
| b. moderate | 2 |
| or | |
| c. severe | 3 |
| Do not read don't know/not sure | 7 |
| these responses refused | 9 |

MA18.13 Because of your disability, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house? (427)

- | | |
|-----------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know / Not sure | 7 |
| Refused | 9 |

MA18.14 Because of your disability, do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes? (428)

- | | |
|-----------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know / Not sure | 7 |

Refused

9

MOD 15.6. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation? (448-449)

a. Number of days	--
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD 15.7. During the past 30 days, for about how many days have you felt sad, blue, or depressed? (450-451)

a. Number of days	--
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD 15.8. During the past 30 days, for about how many days have you felt worried, tense, or anxious? (452-453)

a. Number of days	--
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD 15.9. During the past 30 days, for about how many days have you felt you did not get enough rest or sleep? (454-455)

a. Number of days	--
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

MOD 15.10. During the past 30 days, for about how many days have you felt very healthy and full of energy? (456-457)

a. Number of days	--
b. None	8 8
Don't know/Not sure	7 7
Refused	9 9

If "yes" to MOD15.4, continue. Otherwise, go to pre-MOD15.13.

MOD 15.11. Earlier you reported that due to your impairment you need some assistance from another person with your PERSONAL CARE needs. Who usually helps you with your personal care needs, such as eating, bathing, dressing, or getting around the house? (458-459)

Read Only if Necessary

rela- : that is d, code ppropri- relative	a. Husband/wife/partner	0 1
	b. Parent/son/son-in-law/daughter/daughter-in-law	0 2
	c. Other relative	0 3
	d. Unpaid volunteer	0 4
	e. Paid employee or home health service	0 5
	f. Friend or neighbor	0 6
	g. Combination of family and/or friends	0 7
	h. Other	0 8
	i. No one helps me Go to pre-MOD15.13	0 9
	Don't Know/Not Sure	7 7
Refused	9 9	

MOD 15.12. Is the assistance you receive to meet your personal care needs: (460)

Please Read

not d these ponses	a. Usually adequate	1
	b. Sometimes adequate	2
	or	
	c. Rarely adequate	3
	Don't know/Not sure	7
	Refused	9

pre-MOD15.13: If "yes" to MOD15.5, continue. Otherwise, go to pre-MA18.15

MOD 15.13. Earlier you reported that due to your impairment you need some assistance from another person with your ROUTINE needs. Who usually helps you with handling your routine needs, such as everyday household chores, shopping, or getting around for other purposes? (461-462)

Read Only if Necessary

rela- : that is d, code	a. Husband/wife/partner	0 1
	b. Parent/son/son-in-law/daughter/daughter-in-law	0 2
	c. Other relative	0 3

as appropriate relative	d. Unpaid volunteer	0 4
	e. Paid employee or home health service	0 5
	f. Friend or neighbor	0 6
	g. Combination of family and/or friends	0 7
	h. Other	0 8
	i. No one helps me Go to pre-MA18.15	0 9
	Don't Know/Not Sure	7 7
	Refused	9 9

MOD 15.14. Is the assistance you receive to meet your routine needs: (463)

Please Read

Do not read these responses	a. Usually adequate	1
	b. Sometimes adequate	2
	or	
	c. Rarely adequate	3
	Don't know/Not sure	7
	Refused	

pre-MA18.15: If number of adults equals 1 and Q10.5a, Q10.5b and Q10,5c are all "none," then GO TO SECTION 19: IMMUNIZATION.

MA18.15 Is there anyone [insert "else" if "yes" to MA18.3, MA18.4, MOD15.1, MA18.8 or "b-m" to MA18.5] in your household who has a disability or who is LIMITED in any way in any activities because of any impairment or health problem? (429)

a. Yes	1
b. No GO TO SECTION 19: IMMUNIZATION	2
Don't know/Not sure GO TO SECTION 19: IMMUNIZATION	7
Refused GO TO SECTION 19: IMMUNIZATION	9

MA18.16 How old are these people? (430-439)

Code ages 97 = 97 and older 98 = Dk/Ns 99 = Refused	a. person 1	___
	b. person 2	___
	c. person 3	___
	d. person 4	___
	e. person 5	___

Section 19: State-Added: Immunization

[Splits 1, 2, 3]

If age of respondent is 65 and older, or Q3.1 = 1 or Q4.1 = 1 or MA16.1a = 1, or MA16.1b = 1, or MA16.1c = 1 continue with MA19.1; ELSE Go to Section 20: MODULE 9: Colorectal Cancer

MA19.1.	During the past 12 months, have you had a flu shot?	(468)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9
MA19.2.	Have you ever had a pneumonia vaccination?	(469)
	a. Yes	1
	b. No	2
	Don't know/Not sure	7
	Refused	9

Section 20: MODULE 9: Colorectal Cancer Screening

[Splits 2, 3]

If Split=1, Go to Section 24, State-Added: Health Plan, If Split=2, 3, Continue

If age less than 40, go to Section 22: State-Added: Folic Acid

MOD9.1.	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	(464)
	a. Yes	1
	b. No Go to MOD9.3	2
	Don't know/Not sure Go to MOD9.3	7
	Refused Go to MOD9.3	9

MOD9.2.	When did you have your last blood stool test using a home kit?	(465)
---------	--	-------

Read Only if Necessary

a.	Within the past year (1 to 12 months ago)	1
b.	Within the past 2 years (1 to 2 years ago)	2

- | | |
|---|---|
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MOD9.3. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had this exam? (466)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Section 21: ProstateCancer | 2 |
| Don't know/Not sure Go to Section 21: ProstateCancer | 7 |
| Refused Go to Section 21: ProstateCancer | 9 |

MOD9.4. When did you have your last sigmoidoscopy or colonoscopy? (467)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

If female Go to Section 22: State-Added: Folic Acid, Else continue with Section 21: State-Added: Prostate Cancer

Section 21: State-Added: Prostate Cancer

[Splits 2, 3]

MA21.1 A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam? (673)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to MA21.3 | 2 |
| Don't know/Not sure Go to MA21.3 | 7 |
| Refused Go to MA21.3 | 9 |

MA21.2 When did you have your last digital rectal exam? (674)

Read Only if Necessary

- | | |
|--|---|
| a. Within the past year (1 to 12 months ago) | 1 |
|--|---|

- | | |
|---|---|
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA21.3 A Prostate Specific Antigen or PSA blood test is a blood test used by some doctors to check for prostate cancer. Have you ever had a PSA blood test? (675)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Section 22: State-Added: Folic Acid | 2 |
| Don't know/Not sure Go to Section 22: State-Added: Folic Acid | 7 |
| Refused Go to Section 22: State-Added: Folic Acid | 9 |

MA21.4 When did you have your last PSA blood test? (676)

Read Only if Necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 22: State-Added: Folic Acid

[Split 2, 3]

MA22.1 Do you currently take any vitamin pills or supplements? (470)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Pre-MA22.4 | 2 |
| Don't know/Not sure Go to Pre-MA22.4 | 7 |
| Refused Go to Pre-MA22.4 | 9 |

its

MA22.2 Are any of these a multivitamin? (471)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Pre-MA22.4 | 2 |
| Don't know/Not sure Go to Pre-MA22.4 | 7 |
| Refused Go to Pre-MA22.4 | 9 |

MA22.3 How often do you take these multivitamins? (472-474)

- | | |
|---------------------|-------|
| a. Times per day | 1 ___ |
| b. Times per week | 2 ___ |
| c. Times per month | 3 ___ |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

PRE-MA22.4: If male or (female =>45), or female <45 with hysterectomy (Q11.10=1), Go to Section 23: State-Added: Osteoporosis, Else continue

MA22.4 Have you heard of the B vitamin folic acid? (475)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to Section 23: Osteoporosis | 2 |
| Don't know/Not sure Go to Section 23: Osteoporosis | 7 |
| Refused Go to Section 23: Osteoporosis | 9 |

If (MA22.1 = 1 and MA22.2 = 2,7,9) continue with MA22.5, ELSE go to MA22.7.

MA22.5 Do any of the vitamin pills or supplements you take contain folic acid? (476)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to MA22.7 | 2 |
| Don't know/Not sure Go to MA22.7 | 7 |
| Refused Go to MA22.7 | 9 |

MA22.6 How often do you take this vitamin pill or supplement? (477-479)

- | | |
|---------------------|-------|
| a. Times per day | 1 ___ |
| b. Times per week | 2 ___ |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

MA22.7 Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons... (480)

- | | |
|-----------------------------------|---|
| a. To make strong bones | 1 |
| b. To prevent birth defects | 2 |
| c. To prevent high blood pressure | 3 |
| or | |
| d. Some other reason | 4 |
| Don't know/Not sure | 7 |

**Do not
read these
responses**

- | | |
|---------|---|
| Refused | 9 |
|---------|---|

Section 23: State-Added Osteoporosis

[Split 2, 3]

If male <65, Go to Section 24: State-Added: Health Plan**If male => 65, Go to MA23.4****If Female <40, Go to MA23.3****If Female => 40, continue**

MA23.1 (WOMEN 40+) Have you ever been tested for osteoporosis by having a bone density scan, a test that scans and measures your bones, similar to an x-ray? (677)

a. Yes	1	
b. No		2
Don't know/Not sure	7	
Refused	9	

MA23.2 (WOMEN 40+) Have you ever been told that you have osteoporosis? (678)

a. Yes	1	
b. No		2
Don't know/Not sure	7	
Refused	9	

MA23.3 (ALL WOMEN) How often do you do strength-building exercise, like lifting free weights, using weight training machines, or doing push-ups or pull-ups? (679)

a. More than 3 times per week	1
b. 1-3 times per week	2
c. 1-3 times per month	3
d. Less than 1 times per month	4
e. Never	5
Don't know/Not sure	7
Refused	9

MA23.4 (All WOMEN, MEN 65+) How many servings of milk or milk products do you usually consume each day? One serving equals 8 ounces of milk or yogurt , or two slices of cheese. (680)

Less than one	0
1 Serving	1
2 Servings	2

3 Servings	3
4 Servings	4
5 or more servings	5
Don't consume milk or milk products	6
Don't know/Not sure	7
Refused	9

MA23.5 During the past month, did you take any supplements containing only calcium regularly, that is on most days? (680)

a. Yes	1
b. No Go to Section 24: Health Plan	2
Don't know Go to Section 24: Health Plan	7
Refused Go to Section 24: Health Plan	9

MA23.6 During the past month, did you take calcium..... (682)

Please Read

a. every day?	1
b. on most days?	2
c. or less than one-half of the days?	3
Don't know	7
Refused	9

Section 24: State-Added: Health Plan

[Splits1, 2, 3]

If Q2.2=1 or Q2.3=4 or Q2.3a=4, go to MA24.1.

ELSE If Q2.3=5 or Q2.3a=5, go to MA24.2

ELSE If Q2.3 =1,2,3,8,77,99 or Q2.3a=1,2,3,8,77,99 go to MA24.3

ELSE If (Q2.1 = 7,9 or Q2.3 = 6,7,88 or Q2.3a = 6,7,88) go to SECTION 25: HEALTH INSURANCE - CHILD

MA24.1 The next question is about your Medicare coverage. For your medical care through Medicare, are you a member of an HMO like Secure Horizons Tufts Health Plan for Seniors, Harvard Pilgrim First Seniority, Blue Care 65, Fallon Senior Plan, or some other HMO? (683)

a. Yes Go to MA24_3	1
b. No Go to Section 25	2
Don't know Go to MA24_3	7
Refused Go to MA24_3	9

MA24.2 The next question is about your MassHealth or Medicaid coverage. For your medical care through MassHealth or Medicaid, are you a member of an HMO like Harvard Pilgrim Health Care, Neighborhood Health Plan, Fallon Community Health Plan, or some other HMO? (684)

- | | |
|------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Section 25 | 2 |
| Don't know Go to Section 25 | 7 |
| Refused Go to Section 25 | 9 |

MA24.3 I'm going to read a list of health plan names. Please tell me if you belong to any of the following health plans. (If MA24.2 = 1, do not read MA24.3, part a "Blue Cross/Blue Shield" or part c "Tufts Health Plan") (685-686)

PLEASE READ

- | | |
|---|---|
| a. Blue Cross/Blue Shield | 1 |
| b. Harvard Pilgrim Health Care If (MA24.1=1,7,9) or (Q2.2 = 2 and Q2.3 ne 4 and Q2.3a ne 4 and age ge 65) go to MA24.5, If age =07 or 09 Go to Section 25, Else go to MA24.8 | 2 |
| c. Tufts Health Plan If (MA24.1=1,7,9) or (Q2.2 = 2 and Q2.3 ne 4 and Q2.3a ne 4 and age ge 65) go to MA24.6, If age =07 or 09 Go to Section 25, lse go to MA24.8 | 3 |
| d. Fallon Community Health Plan Go to MA24.8 | 4 |
| e. Neighborhood Health Plan Go to MA24.8 | 5 |
| or | |
| f. Some other health plan (specify:____) Go to MA24.8 | 6 |

Do not read these responses. IF specified health plan = "g-l" then code as specified below; ELSE code "6" and record literal.

- | | |
|---|----|
| g. US Health Care Go to MA24.8 | 8 |
| h. Health Source Go to MA24.8 | 10 |
| i. Central Massachusetts Health Plan Go to MA24.8 | 11 |
| j. Health New England Go to MA24.8 | 12 |
| k. New England Health Plan Go to MA24.8 | 13 |
| l. United Health Plan/Care Go to MA24.8 | 14 |
| Don't know If (MA24.1=1,7,9) or (Q2.2 = 2 and Q2.3 ne 4 and Q2.3a ne 4 and age ge 65))go to MA24.7 , Else go to SECTION 25:HEALTH INSURANCE - CHILD | 77 |
| Refused If (MA24.1=1,7,9) or (Q2.2 = 2 and Q2.3 ne 4 and Q2.3a ne 4 and age ge 65))go to MA24.7 , Else go to SECTION 25:HEALTH INSURANCE - CHILD | 99 |

MA24.4 Blue Cross/Blue Shield has a number of different health plans. Is the specific Blue Cross/Blue Shield plan you belong to called....? (687-688)

PLEASE READ

a. Blue Choice	1
b. HMO Blue	2
c. Blue Care 65	3
d. Blue Care Elect	4
e. Network Blue	5
f. Master Medical	6
g. Master Health	8
h. MEDEX	10
g. Or something else? (specify)_____	11
Don't know	77
Refused	99

Go to MA24.8.

MA24.5 Is the specific Harvard Pilgrim Health Care plan you belong to called First Seniority? (689)

a. Yes	1
b. No	2
Don't know	7
Refused	9

Go to MA24.8.

MA24.6 Is the specific Tufts Health Plan you belong to called Secure Horizons Tufts Health Plan for Seniors? (690)

a. Yes	1
b. No	2
Don't know	7
Refused	9

Go to MA24.8.

MA24.7 [If MA24.1=7,9, add: "Just to be sure"] I'm going to read a list of health plan names that some people with Medicare belong to. Please tell me if you belong to any of the following health plans. (691)

PLEASE READ

- | | |
|---|---|
| a. Blue Care 65 | 1 |
| b. First Seniority | 2 |
| c. Secure Horizons | 3 |
| d. Fallon Senior Plan | 4 |
| d. MEDEX | 5 |
| or | |
| e. Some other health plan (specify) _____ | 6 |
| f. Don't know (Go to SECTION 25: HEALTH INSURANCE - CHILD) | 7 |
| g. Refused (Go to SECTION 25: HEALTH INSURANCE - CHILD) | 9 |

MA24.8 How long have you belonged to your current health plan? (692)

- | | |
|-----------------------|---|
| a. Less than 6 months | 1 |
| b. 6 months to 1 year | 2 |
| c. 1-2 years | 3 |
| d. More than 2 years | 4 |
| e. Don't know | 7 |
| f. Refused | 9 |

Section 25: State-Added: Health Insurance Child

[Splits 1,2]

If Split=3, Section 28: State-Added: Lyme Disease, If Split = 1, 2, Continue

If Q10.5a = 8 and Q10.5b = 8 and Q10.5c = 8, Go to MA26_3

The next few questions are about health insurance and health care for children.

IF Sum of 10 a, b, & c >1, Go to MA25.1.

ELSE if MA10.1a = 99, Go to MA25.2.

ELSE if sum of 10 a, b, & c =1, Go to MA25.3.

MA25.1 We need to ask these questions only about one child in a household. What is the age of the child in your household, under the age of 18, who has had the most recent birthday? (693-694)

- | | | |
|----|--|-----|
| a. | Age (years, if <1, code 0) Go to MA25.3 | ___ |
| b. | Don't know/not sure Go to MA26.3 | 77 |
| c. | Refused Go to MA26.3 | 99 |

MA25.2 If there are children in your household under the age of 18, what is the age of the child who has had the most recent birthday? (693-694)

a.	Age (years, if <1, code 0)	— —
b.	No children in household Go to MA26.3	88
c.	Don't know/not sure Go to MA26.3	77
d.	Refused Go to MA26.3	99

MA25.3. (READ IF ONLY ONE CHILD): Please answer the next few questions about the child in your household. (READ IF MA25.1 = 0-17 or MA25.2 = 0-17): Please answer the next questions only about this child. How are you related to this child? Is this child a(n)...? (695-696)

PLEASE READ

a.	Natural-born or adopted son/daughter	01
b.	Stepson/stepdaughter	02
c.	Grandchild	03
d.	Foster child	04
e.	Niece or nephew	05
f.	Brother or sister	06
g.	Other relative	07
h.	Other non-relative	08
	Don't know/Not sure	77
	Refused	99

MA25.4. Does this child have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicaid, MassHealth, or Children's Medical Security Plan? (697)

a.	Yes GO TO SECTION 26: ORAL HEALTH	1
b.	No	2
	Don't know/Not sure GO TO SECTION 26: ORAL HEALTH	7
	Refused GO TO SECTION 26: ORAL HEALTH	9

MA25.5. There are some types of health care coverage you may not have considered. Does this child have coverage through your employer, someone else's employer, Medicaid, MassHealth, or some other source? (698)

a.	Yes	1
b.	No	2
	Don't know/Not sure	7
	Refused	9

Section 26: State-Added: Oral Health

QUESTIONS MA26.1 and MA26.2 REFER TO SAME CHILD FROM SECTION 25: HEALTH INSURANCE CHILD. IF Q10.5a = 8 and Q10.5b = 8 and Q10.5c = 8, go to MA26.3.

IF CHILD FROM SECTION 25 < 6 YEARS OLD, THEN GO TO MA26.2.

MA26.1. Within the last 12 months, has this child visited a dentist for a routine check-up, cleaning, or examination? (699)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA26.2. Was there a time during the last 12 months when this child needed dental care but did not receive it because of the cost, because no dentist would take your insurance, or because you could not find a dentist for this child? (700)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA26.3. The next three questions are about your own dental care. How long has it been since you last visited a dentist or a dental clinic for any reason? (481)

Read only if necessary

Include visits to dental specialists, such as orthodontists

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 5 years (2 to 5 years ago) | 3 |
| d. 5 or more years ago | 4 |
| Don't know/Not sure | 7 |
| Never | 8 |
| Refused | 9 |

MA26.4. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

(482)

Include teeth lost due to "infection"	a. 5 or fewer	1
	b. 6 or more but not all	2
	c. All	3
	d. None	8
	Don't know/Not sure	7
	Refused	9

MA26.5. Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO's, or government plans such as Medicaid?

(483)

Read only if necessary

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 27: State-Added: Varicella/Shingles

[Splits 1,2]

MA27.1 Have you or anyone else currently living in your household had chickenpox in the past 12 months? (701)

a. Yes	1
b. No Go to MA27.3	2
Don't know/Not sure Go to MA27.3	7
Refused Go to MA27.3	9

MA27.2 What are the current ages of all those who had chickenpox in the past 12 months? (702-711)

Code ages

0 = <1 year	a. Person #1 ____
97 = 97 and older	b. Person #2 ____
98 = Dk/Ns	[Etc.]
99 = Ref	

MA27.3 Have you or anyone else currently living in your household ever had shingles? (712)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to SECTION 29: COMPUTER USE | 2 |
| | Don't know/Not sure Go to SECTION 29: COMPUTER USE | 7 |
| | Refused Go to SECTION 29: COMPUTER USE | 9 |

MA27.4 What are the current ages of all those who ever had shingles? (713-722)

Code ages,

- | | |
|--------------------------|-------------------|
| 0 = <1 year | a. Person #1 ____ |
| 97 = 97 and older | b. Person #2 ____ |
| 98 = Dk/Ns | [Etc.] |
| 99 = Ref | |

MA27.5 (Ask for each person listed in MA27.4, in the same order as MA27.4) How old was the _____ year old when they had shingles? (723-732)

Code ages,

- | | |
|--------------------------|-------------------|
| 0 = <1 year | a. Person #1 ____ |
| 97 = 97 and older | b. Person #2 ____ |
| 98 = Dk/Ns | [Etc.] |
| 99 = Ref | |

Section 28: State-Added: Lyme Disease

[Split 3]

If Split=1, 2, Go to Section 29: State-Added: Computer Use, If split=3, Continue

MA28.1 How would you rate your own chances of getting Lyme disease in the coming year? (704)

Would you say: **Please Read**

- | | |
|---------------------|---|
| a. High | 1 |
| b. Medium | 2 |
| c. Low | 3 |
| d. None | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA28.2 Are you aware that there is a vaccine for Lyme disease? (485)

- | | |
|---|---|
| a. Yes | 1 |
| b. No GO TO MA28.5 | 2 |
| Don't know/not sure GO TO MA28.5 | 7 |
| Refused GO TO MA28.5 | 9 |

MA28.3: Have you ever received the Lyme disease vaccine? (486)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA28.4 Do you plan on receiving the Lyme disease vaccine in the future? (487)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA28.5 Many methods have been suggested to protect oneself from getting Lyme disease from a tick bite. During the past year, when in high risk areas, such as wooded or grassy areas, please tell me how often you have taken the following measures to protect yourself: (488)

- a. Wearing long pants tucked into socks.
- | | |
|--|---|
| a. Always | 1 |
| b. Sometimes | 2 |
| c. Never | 3 |
| d. Never in high risk area Go to Section 29 | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

- b. Looking for ticks on yourself and removing. (489)
- | | |
|--|---|
| a. Always | 1 |
| b. Sometimes | 2 |
| c. Never | 3 |
| d. Never in high risk area Go to Section 29 | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

c. Using an insect repellent on your skin or clothes. (490)

- | | |
|----------------------------|---|
| a. Always | 1 |
| b. Sometimes | 2 |
| c. Never | 3 |
| d. Never in high risk area | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 29: State-Added: Computer Use
[Split 1, 2 3]

If Split =1 or 2, AND (Q10.7=3,4,5,7,8,9 AND =>65), Go to Section 30: Gambling

If Split=3 and Q10.7¹ 6, Go to Section 30: Gambling

Given the increased use of computers in society and their possible impact on health, we would like to find out about your computer use.

If Q10.7 = 1,2 , Go to MA29.3

If Q10.7 = 3, 4, 5, 7, 8, or 9, Go to MA29.5

If Q10.7 = 6, continue with MA29.1

MA29.1 During a typical school week, do you use a computer keyboard or mouse for school? (733)

- | | |
|---|---|
| a. Yes | 1 |
| b. No Go to MA29.3 | 2 |
| c. Not currently attending school Go to MA29.3 | 3 |
| Don't know/Not sure Go to MA29.3 | 7 |
| Refused Go to MA29.3 | 9 |

MA29.2 During a typical school week, how many hours a day on average do you spend using a keyboard or mouse for school? Would you say... (712)

- | | |
|----------------------------|---|
| a. 0-2 hours | 1 |
| b. 2-4 hours | 2 |
| c. 4-6 hours | 3 |
| d. 6-8 hours | 4 |
| e. more than 8 hours a day | 5 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA29.3 If you have a job, do you use a computer keyboard or mouse for work? (735)

- | | |
|--------|---|
| a. Yes | 1 |
|--------|---|

	b. No Go to MA29.5	2
	c. Don't work Go to MA29.5	3
If answer is	Don't know/Not sure Go to MA29.5	7
no, ask "Do you	Refused Go to MA29.5	9
work?"		

MA29.4 During a typical work week, how many hours a day on average do you spend using a computer keyboard or mouse for work? Would you say... (736)

a. 0-2 hours	1
b. 2-4 hours	2
c. 4-6 hours	3
d. 6-8 hours	4
e. more than 8 hours a day	5
Don't know/Not sure	7
Refused	9

MA29.5 Do you use a computer keyboard or mouse at home for purposes other than work or school, for example, for surfing the web, email, games, etc? (737)

a. Yes	1
b. No Go to PRE-MA29.7	2
Don't know/Not sure Go to PRE-MA29.7	7
Refused Go to PRE-MA29.7	9

MA29.6 Approximately how many hours per day on average during the last week did you use a keyboard or mouse for these purposes. (738)

a. 0-2 hours	1
b. 2-4 hours	2
c. 4-6 hours	3
d. 6-8 hours	4
e. more than 8 hours a day	5
Don't know/Not sure	7
Refused	9

PRE-MA29.7: IF MA29.1 = 1 OR MA29.3 = 1 OR MA29.5 = 1 THEN CONTINUE; ELSE GO TO PRE-MA29.9

MA29.7 In the last 6 months, have you experienced pain, aching, numbness, burning, or tingling in your

hands, wrists, arms, or neck when using a computer? (739)

- | | |
|---|---|
| a. Yes | 1 |
| b. No GO TO PRE-MA29.9 | 2 |
| Don't know/Not sure GO TO PRE-MA29.9 | 7 |
| Refused GO TO PRE-MA29.9 | 9 |

MA29.8 Have you experienced these symptoms when using a computer for an hour or less? (740)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

PRE-MA29.9: IF MA29.3 = 1,2 THEN CONTINUE; ELSE GO TO SECTION 30: GAMBLING.

MA29.9 What kind of business or industry do you work in?
(Read if necessary: What do they make or do where you work?) (741)

- | | |
|-----------------|---|
| Record Open-end | |
| Don't know | 7 |
| Refused | 9 |

MA29.10 What kind of work do you do, that is what is your occupation? (742)
(Read if necessary: For example, plumber, typist, registered nurse, personnel manager.)

- | | |
|-----------------|---|
| Record Open-end | |
| Don't know | 7 |
| Refused | 9 |

Section 30: State-Added: Gambling

[Split 3]

If Split=1, 2 , Go to Section 31: State-Added: Family Planning, If Split =3, Continue

One issue that may cause stress in a person's life or in relationships with others is gambling. The next questions are about gambling and games of chance.

MA30.1 I'm going to read a list of different kinds of gambling and games of chance. These are: lottery games including scratch tickets, numbers or Keno; bingo, video poker machines, or card games for money; horse or dog races; sports pools; or going to a casino. In the last 12 months, have you gambled

or played games of chance for money?	(743)
a. Yes	1
b. No Go to Section 31: Family Planning	2
Don't know/Not sure Go to Section 31: Family Planning.	7
Refused Go to Section 31: Family Planning	9

MA30.2 At any time in your life would you or anyone else in your family say that the money or time you have spent gambling has led to financial problems or any other problems in your family, work, or personal life? (744)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Section 31: State-Added: Family Planning

[Split 1, 2, 3]

If male of female >50, Go to Section 32: State-Added:Abstinence

The next few questions ask about pregnancy and ways to prevent pregnancy.

If pregnant now ("Yes" to core Q11.11), go to MA31.2a

MA31.1. Have you been pregnant in the last 5 years?	(491)
a. Yes	1
b. No Go to pre-MA31.3	2
Don't know/Not sure Go to pre-MA31.3	7
Refused Go to pre-MA31.3	9

MA31.2 Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant? (492)

Would you say: **Please Read**

a. You wanted to be pregnant sooner	1
b. You wanted to be pregnant later	2
c. You wanted to be pregnant then	3
d. You didn't want to be pregnant then or at anytime in the future	4

or

e. You don't know 7

not read Refused 9

GO TO pre-MA31.3

MA31.2a. Thinking back to just before you got pregnant with your current pregnancy, how did you feel about becoming pregnant? (493)

Would you say: **Please Read**

a. You wanted to be pregnant sooner 1

b. You wanted to be pregnant later 2

c. You wanted to be pregnant then 3

d. You didn't want to be pregnant then or at any time in the future 4

or

e. You don't know 7

not read Refused 9

PRE-MA31.3 If respondent had [hysterectomy ("Yes" to core Q11.10) or is pregnant now ("Yes" to core Q11.11)] Go to Section 32: State-Added:Abstinence

MA31.3 Are you or your [fill in (husband/partner) from core Q10.4] using any kind of birth control now? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-provera) or any other way to keep from getting pregnant. (494)

a. Yes 1

b. No **Go to MA31.5** 2

c. Not sexually active **Go to Section 32: State-Added:Abstinence** 3

Don't know **Go to Section 32: State-Added:Abstinence** 7

Refused **Go to Section 32: State-Added:Abstinence** 9

MA31.4. What kinds of birth control are you or your [fill in (husband/partner) from core Q10.4] using now? (495-498)

Kind Code --

Read Only if Necessary

a. Tubes tied (sterilization) 0 1

b. Vasectomy (sterilization) 0 2

If more than one, code other and specify each method code	c. Pill	0 3
	d. Condoms	0 4
	e. Foam, jelly, cream	0 5
	f. Diaphragm	0 6
	g. Norplant	0 7
	h. Shots (Depo-Provera)	0 8
	I. Withdrawal	0 9
	j. IUD	1 0
	k. Other [specify]_____	8 7
	Don't know/Not sure	7 7
	Refused	9 9

Go to Section 32: State-Added:Abstinence

MA31.5. What are your reasons for not using any birth control now? (499-502)

Reason Code --

Read Only if Necessary

If more than one, code other and specify each method code	a. I am not having sex	0 1
	b. I want to get pregnant	0 2
	c. I don't want to use birth control	0 3
	d. My husband or partner doesn't want to use birth control	0 4
	e. I don't think I can get pregnant	0 5
	f. I can't pay for birth control	0 6
	g. Other [specify]_____	8 7
	Don't know/Not sure	7 7
Refused	9 9	

Section 32: State-Added: Abstinence

[Split 2,3]

If Split=1, Go to Section 34: State-Added: Sexual Assault, If Split=2, 3, Continue

If Q10.5b<8 or Q10.5c<8, continue with Section 32: State-Added: Abstinence

Else go to Section 33: State-Added: Sexual Behavior

The next few questions ask you about your perceptions and attitudes about adolescent sexual activity including abstaining from sexual activity until marriage.

MA32.1 During the past 30 days, about how often have you heard or seen messages on TV or

radio, or during public events, promoting the importance of teens delaying sexual activity until marriage? (745)

PLEASE READ

- | | |
|--|---|
| a. Not at all in the past 30 days | 1 |
| b. About once or twice in the past 30 days | 2 |
| c. About once a week | 3 |
| d. Several times a week | 4 |
| Don't know/Not sure | 7 |
| Refused | 9 |

MA32.2 Out of every 10 Massachusetts high school students, about how many do you think have had sexual intercourse at least once? (746-747)

- a. Number _____

(If respondent gives a range of two numbers (e.g., about 4 or 5), record the midpoint.)

- | | |
|---------------------|----|
| Don't know/Not sure | 77 |
| Refused | 99 |

MA32.3 Starting at what age do think parents should begin to talk to their child about sexuality and ways to prevent teen pregnancy, HIV, and other sexually transmitted diseases? For example, this could include talking about abstinence. (748-749)

Age (years) _____

- | | |
|---------------------|----|
| Don't know/Not sure | 77 |
| Refused | 99 |

IF (MA10.1a or MA10.1b or MA10.1c, etc is between 9 and 17 or (Q10.5c <8), go to MA32.4. Else go to Section 33: State-Added: Sexual Behavior

MA32.4 Regarding the oldest child in your household between the ages of 9 and 17, is this child male or female? (750)

- | | |
|-------------------|---|
| a. Male | 1 |
| b. Female | 2 |
| No child age 9-17 | 3 |
| Refused | 9 |
- Go to Section 33**

If the oldest child in the household between the ages of 9 and 17 was selected for SECTION 25: HEALTH INSURANCE - CHILD, go to MA32.6.

MA32.5 How are you related to this child? Is this child a(n)...? (751-752)

PLEASE READ

a.	Natural-born or adopted son/daughter	01
b.	Stepson/stepdaughter	02
c.	Grandchild	03
d.	Foster child	04
e.	Niece or nephew	05
f.	Brother or sister	06
g.	Other relative	07
h.	Other non-relative	08
	Don't know/Not sure	77
	Refused	99

MA32.6 During the past 12 months, about how often have you or other adults in the household had a conversation with this child regarding sexuality and ways to prevent pregnancy, HIV, and other sexually transmitted diseases? This could include talking about abstinence.
(753)

PLEASE READ

a.	More than once a month	1
b.	About once a month	2
c.	About once every few months	3
d.	Once in the past 12 months	4
e.	Not at all in the past 12 months	5
	Don't know/Not sure	7
	Refused	9

Section 33: State-Added: Sexual Behavior

[Split 2,3]

If age =>65, go to Section 35: State-Added: Permission for Follow-up Survey

The next questions are about your sexual behavior. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

MA33.1. [If MA31.3 = 3 or MA31.5 = 1] Before you indicated that you are not currently sexually active. Now, thinking about the past 12 month period, have you had sex?
ELSE: During the past 12 months, have you had sex? (754)

a.	Yes	1
b.	No Go to Section 34: Sexual Assault	2
c.	Don't Know/ Not sure Go to Section 34: Sexual Assault	7

SEXUAL ASSAULT

MA33.6. Which best describes the reason you did not use a condom the last time you had sex?

PLEASE READ

(761-762)

[if Q10.18 = 1 and (MA33.3 = 1 or MA33.5 = 1), then read a,b,c,d,e,f,i]

[if (Q10.18 = 2 and (MA33.3 = 1 or MA33.5 = 1)) or (Q10.18 = 1 and (MA33.3 = 2 or MA33.5 = 2)), then read a,b,c,d,g,h,i].

- | | |
|--|----|
| a. No condom was available | 1 |
| b. I was too embarrassed or afraid to discuss using a condom | 2 |
| c. My partner refused to use a condom | 3 |
| d. I did not believe I or my partner was at risk | 4 |
| e. I believed my partner and I had the same HIV status | 5 |
| f. We did not have anal sex | 6 |
| g. My partner and I were trying to get pregnant | 8 |
| h. We did not have vaginal or anal sex | 10 |
| i. Some other reason | 11 |
| Don't Know / Not Sure | 77 |
| Refused | 99 |

Section 34: State-Added: Sexual Assault

[Split 1,2,3]

If age => 60, go to Section 35: State-Added: Permission for Follow-up Survey

This final section is about unwanted sexual contact which many people have experienced. The person who makes unwanted sexual contact isn't always a stranger. It can be a friend, a boyfriend or girlfriend, or a family member. Also, these incidents could have happened when you were a child or as an adult or both. These questions may bring up uncomfortable feelings. If you would like to talk with a counselor after the survey, you can call a toll-free, confidential, sexual assault hotline at 1-800-922-8772. I will start the questions now. Remember, you may chose whether or not you wish to respond to any question.

MA34.1 Has anyone ever had sexual contact with you that you didn't want? (763)

- | | |
|--|---|
| a. Yes | 1 |
| b. No Go to Section 35: Follow-up | 2 |
| Don't know/not sure Go to Section 35: Follow-up | 7 |
| Refused Go to Section 35: Follow-up | 9 |

MA34.2 When was the last time you experienced unwanted sexual contact? (764-765)

Please read if necessary:

- | | |
|------------------------------|---|
| a. within the past 12 months | 1 |
|------------------------------|---|

b.	1 to 5 years ago	2
c.	6 to 10 years ago	3
d.	11 to 15 years ago	4
e.	16 to 20 years ago	5
f.	21 to 25 years ago	6
g.	26 to 30 years ago	8
h.	31 to 35 years ago	10
i.	36 to 40 years ago	11
j.	41 or more years ago	12

Don't read these responses:

Don't know/not sure	77
Refused	99

MA34.3 In this most recent incident of unwanted sexual contact, was there one person or more than one person who made you have sexual contact when you didn't want to? (766)

a.	One	1
b.	More than one	2
	Don't know/not sure Go to MA34.5	7
	Refused Go to MA34.5	9

MA34.4 [If MA34.3 = 1] Was this person male or female?

[If MA34.3 = 2] Were these people male, female or both males and females? (767)

a.	Males	1
b.	Females	2
c.	Both males and females	3
	Don't know/not sure	7
	Refused	9

MA34.5 What was your relationship to the person(s) who had this contact with you? (768-773)

(if MA34.3 = 2, ask for each person. Code up to 3)

a.	stranger	1
b.	current or ex spouse or live in partner	2
c.	date, or current or ex boyfriend or girlfriend	3
d.	parent or step-parent	4
e.	relative other than a husband or parent or step parent	5
f.	someone you know in a professional context, such as a co-worker health professional, or professional caretaker	6
g.	some other acquaintance or friend	7
h.	someone else (specify)_____	8

Don't know/not sure	77
Refused	99

If MA34.2 = 1 OR 2 THEN continue with MA34.6. Else go to MA34.7

MA34.6 If you did tell anyone about this most recent incident, who did you tell? Did you tell a(n)...

	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Refused</u>
a. friend	1	2	7	9 (774)
b. family member	1	2	7	9 (775)
c. member of clergy	1	2	7	9 (776)
d. medical provider	1	2	7	9 (777)
e. police	1	2	7	9 (778)
f. rape crisis hotline/counselor	1	2	7	9 (779)
g. therapist	1	2	7	9 (780)
h. anyone else (specify_____)	1	2	7	9 (781)
Ask response i. Only if a-h=2				
i. no one (until now)	1	2	7	9 (782)

MA34.7 Did this or any other incident of unwanted sexual contact in your life include any kind of completed or attempted penetration of any part of your body with any object or body part? This would include attempted or completed oral, anal, or vaginal sex without your consent. (783)

a. Yes	1
b. No	2
DK/not sure	7
Refused	9

Read to all: Again, if you would like to talk with someone at a confidential sexual assault hotline, you can call toll free, 1-800-922-8772. (Ask if they need time to write it down or hear it again)

Section 35: State-Added: Permission for Follow-up Survey

MA35.1 Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey? (784)

a. Yes	1
b. No	2
Don't know/Not sure	7
Refused	9

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

In what language was this interview completed? (785)

English	1
Spanish	2
Portuguese	3

**Activity List for Common Leisure Activities
Coding List A
Code Description**

- | | |
|---|---|
| 01. Aerobics class | 28. Racketball |
| 02. Backpacking | 29. Raking lawn |
| 03. Badminton | 30. Running |
| 04. Basketball | 31. Rope skipping |
| 05. Bicycling for pleasure | 32. Scuba diving |
| 06. Boating (canoeing, rowing,
sailing for pleasure or
camping) | 33. Skating - ice or roller |
| 07. Bowling | 34. Sledding, tobogganing |
| 08. Boxing | 35. Snorkeling |
| 09. Calisthenics | 36. Snowshoeing |
| 10. Canoeing/rowing - in
competition | 37. Snow shoveling by hand |
| 11. Carpentry | 38. Snow blowing |
| 12. Dancing-aerobics/ballet | 39. Snow skiing |
| 13. Fishing from river bank or boat | 40. Soccer |
| 14. Gardening (spading, weeding,
digging, filling) | 41. Softball |
| 15. Golf | 42. Squash |
| 16. Handball | 43. Stair climbing |
| 17. Health club exercise | 44. Stream fishing in waders |
| 18. Hiking - cross-country | 45. Surfing |
| 19. Home exercise | 46. Swimming laps |
| 20. Horseback riding | 47. Table tennis |
| 21. Hunting large game - deer, | 48. Tennis |
| 22. Jogging | 49. Touch football |
| 23. Judo/karate | 50. Volleyball |
| 24. Mountain climbing | 51. Walking |
| 25. Mowing lawn | 52. Waterskiing |
| 26. Paddleball | 53. Weight lifting elk |
| 27. Painting/papering house | 54. Other_____ |
| | 55. Bicycling machine exercise |
| | 56. Rowing machine exercise |

Coding List B

Lap Swimming**Size pool/Laps****(1 lap = 2 lengths)**50 ft. pool

5 laps (10 lengths) = .1 mile

100 ft. pool

2½ laps (5 lengths) = .1 mile

50 meter pool

1½ laps (3 lengths) = .1 mile

Running/Jogging/Walking

½ mile = .5 mile

1/4 mile = .3 mile

1/8 mile = .1 mile

1 block = .1 mile